Under the Paperwon Helder flor PTO/SB/17 (10-07)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008				Complete if Known				
				Application Nun	nber	0/567,831-Conf. #2106		
				Filing Date F		ebruary 10, 2006		
				First Named Inv	entor	Andrea Turrini		
				Examiner Name R.		R. M. Punnoose		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2877				
TOTAL AMOUNT	OF PAYMENT	Attorney Docket No. M1885.0056/P056						
METHOD OF	PAYMENT (check	all that apply)						1
Check X Credit Card Money Order None Other (please identify):								
x Deposit Ac	count Deposit Account	Number: 04	-1073	Deposit	Account Name	e: Dickste	in Shapiro	LLP .
For the	above-identified dep	osit account, the D	Director is	hereby authorize	ed to: (che	ck all that apply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	harge any additional e(s) under 37 CFR 1		yments o	f x Credit	any overp	ayments		
FEE CALCUI				·····				
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FE	ES		,			
	FI	LING FEES	SE	ARCH FEES	EXAMI	NATION FEES		
Application Ty	ype Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	310		510	255	210	105	<u> </u>	
Design	210		100	50	130	65		
Plant	210	105	310	155	160	80	-	
Reissue	310	155	510	255	620	310	-	
Provisional	210	105	0	0	0	0		
2. EXCESS CLA		103	v	Ü	Ū	ŭ		Small Entity
Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues) 200								100
Multiple depend	dent claims						360	180
Total Claims	Total Claims		Fee I	Paid (\$)	aid (\$) Multiple Depen		dent Claims	
	13 - 20 = x = nighest number of total claims paid for, if greater than 20.			<u>F6</u>	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				
2	-3=	x =						
HP = highest num	ber of independent claims	s paid for, if greater th	an 3.					
listings und	N SIZE FEE ation and drawings e der 37 CFR 1.52(e)), action thereof. See 3	the application si	ze fee du	ie is \$260 (\$130 i				•
<u>Total Sheet</u>				dditional 50 or fra	ction there	of Fee (\$)	Fee F	Paid (\$)
	- 100 =	/50 =		(round up to a who	ole number)	х	=	:
4. OTHER FEE							Fees	Paid (\$)
Non-English	Specification, \$13	0 fee (no small er	ntity disc	ount)				
Other (e.g.,	late filing surcharge)	1501 Utility is 1504 Publicat	sue fee ion fee f	or early, volunt	ary, or no	rmal		40.00 0.00
SUBMITTED BY	7	~)					
Signature	19	3		Registration No. (Attorney/Agent)	28,371	Telephone	(202) 420)-2232
Name (Print/Type)	Thomas J. D'Am	co				Date	February 1	9, 2008

-Docket No.: M1885.0056/P056 (PATENT)



in re Patent Application of:

Andrea Turrini

Allowed: November 30, 2007

Application No.: 10/567,831

Confirmation No.: 2106

Filed: February 10, 2006

Art Unit: 2877

For: METHOD AND SYSTEM FOR

CHECKING THE POSITION OF A
MECHANICAL PART WITH A LIGHT

BEAM

Examiner: R. M. Punnoose

APPLICANT'S COMMENTS ON EXAMINER'S STATEMENT OF REASONS FOR ALLOWANCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Applicant has reviewed the Examiner's Statement of Reasons for Allowance and wishes to submit the following remarks. The Statement paraphrases several limitations from independent claim 1 as reasons for allowance of independent claims 1, 11 and 14. Applicants wish to point out that independent method claim 1 contains other limitations which, in combination with the limitations paraphrased in the Statement, render claim 1 allowable. Moreover, the scope of independent claims 11 (method claim) and 14 (apparatus claim) is based on the actual language of the claims. In addition, dependent claims 2-10 and 12 recite additional limitations which, in combination with their base claims, render the dependent claims allowable.

Application No.: 10/567,831 Docket No.: M1885.0056/P056

Otherwise, Applicants agree with the Statement that the allowed claims distinguish over the prior art.

Dated: February 19, 2008

Respectfully submitted)

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